

# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT**

(\$)  
110

Approved for use through 10/31/2002. OMB 0651-0032  
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Complete If Known

Application Number	09/749,601
Filing Date	December 28, 2000
First Named Inventor	Nicholas Nicolaides
Examiner Name	D.H. Kruze
Group / Art Unit	1638
Attorney Docket No.	001107.00069

**RECEIVED**

DEC 03 2002

TECH CENTER 1600/2000

**METHOD OF PAYMENT (check all that apply)**

Check  Credit card  Money  Other  None  
Order

Deposit Account:

Deposit  
Account  
Number

19-0733

Deposit  
Account  
Name

Banner & Witcoff, Ltd.

The Commissioner is authorized to: (check all that apply)  
 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee  
 to the above-identified deposit account.

**FEE CALCULATION**

**1. BASIC FILING FEE**

<u>Large Entity</u>	<u>Small Entity</u>
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Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>	<u>Fee Paid</u>
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

**SUBTOTAL (1)**

(\$)  
0

**2. EXTRA CLAIM FEES**

Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid
<input type="text"/>	<input type="text"/>	<input type="text"/> ** = <input type="text"/> 0	<input type="text"/> X <input type="text"/>	<input type="text"/> = <input type="text"/> 0
<input type="text"/>	<input type="text"/>	<input type="text"/> ** = <input type="text"/> 0	<input type="text"/> X <input type="text"/>	<input type="text"/> = <input type="text"/> 0
			<input type="text"/>	<input type="text"/> = <input type="text"/> 0

<u>Large Entity</u>	<u>Small Entity</u>
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Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)**

(\$)  
0

\*\*or number previously paid, if greater; For Reissues, see above

**3. ADDITIONAL FEES**

<u>Large Entity</u>	<u>Small Entity</u>
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Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>	<u>Fee Paid</u>
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112*	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	110
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17 (q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

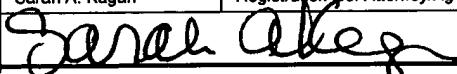
\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)**

(\$)  
110

**SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	Sarah A. Kagan	Registration No. Attorney/Agent)	32,141	Telephone	202.508.9100
Signature				Date	November 27, 2002

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